

EXHIBIT 2

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August 4, 2005

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**Re: In re USG - - Debtor's Sampling Plan,
Questionnaire and Document Discovery**

Dear Counsel:

Enclosed please find a written description of the method that Debtor's propose for conducting limited discovery from a sample of 1,000 present personal injury claimants. In limiting the sample to 1,000 claimants, Debtor's propose what we believe is a highly efficient way of getting this necessary information. We also attach a draft of the questionnaire that Debtor's propose sending to the 1,000 claimant sample. We have made our best effort to streamline the questions so as to seek only the information that the Court will need to conduct a proper estimation. This document is provided, at this time, in draft form. Further, minor changes in form and content will be made over the next week or so. While counsel for the ACC and FCR have objected to the need to even consider merits evidence in estimation, the Court has indicated that she will, in fact, consider such evidence. In assessing the impact that those scientific, merits arguments will have on the necessary size of a personal injury trust, the Court will need a base of information about those scientific issues from the claimants. As a result, I would urge counsel to set aside their wholesale objections to collecting information from any claimant and, instead, make constructive comments for implementing the proposal.

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Page Two

Also, in our last telephone conference, the subject of documents that the ACC and FCR intend to seek from the Debtors in discovery was raised. While I have received no discovery requests to date, we understand the documents of interest relate largely to: (1) composition, identification and sales of any asbestos-containing products by Debtors; and (2) the Debtors' experience in the tort system, generally, and participation in the CCR and ACF, specifically. Next week, we are making available for review in Chicago approximately 100 boxes of documents relating primarily to the first category of documents -- asbestos-containing products information. Please make arrangements with me to review these documents as soon as possible so that document review does not cause a delay in our discovery schedule. In addition, we have collected approximately 60-70 boxes relating to category 2 -- tort system experience -- which we are reviewing currently and will produce as we are able over the coming weeks. Please also send me any document requests you believe appropriate to further move this process forward.

Very truly yours,

A handwritten signature in black ink, appearing to read 'SD Devereaux', followed by a long horizontal line that ends in a small loop.

Scott D. Devereaux
538932 v1/HN

Summary of Personal Injury Claims Estimation Sampling Plan

Statistical sampling is a method of using established mathematical formulas to validly infer characteristics of an overall population by examining representative "samples," or subgroups, of that population. Statistical sampling methods are useful when examining the entire population would be impossible, impracticable, or highly inefficient and costly. Here, for example, there were approximately 150,000 claims pending against Debtors at the time they filed their bankruptcy petition. Examining every one of those claimants to determine key characteristics germane to the issues that Debtors expect to raise in this action (*e.g.*, whether or to what degree a claimant was exposed to any of Debtors' products that contained chrysotile asbestos, whether a claimant's radiographic readings and pulmonary functions tests indicate they are impaired by asbestosis), would be costly and unduly time consuming. By defining a representative sample of claimants and by collecting data from that sample, accurate conclusions can be drawn about the overall claimant population that will assist the Court in evaluating the impact of Debtors' various defenses.

Debtors propose to take discovery from a sample of approximately 1000 present personal injury claimants using a standardized set of written questions. This discovery will compile key information from this sample, including, without limitation, the claimants' occupational history (including whether the claimant worked in the construction industry), medical history, claimed disease and asbestos litigation history. A copy of Debtors' draft questionnaire is attached as Exhibit A.

In a stratified sampling plan, the overall sample is divided into separate sub-samples taken from subgroups of the population. From this sample, the parties can draw

statistically valid conclusions regarding key characteristics of the population as a whole as well as subgroups within that population. Using stratified sampling, valid conclusions regarding the characteristics of subgroups of the claimant population, such as claimants with specific claimed diseases, can be drawn (*e.g.*, what percentage of asbestosis claimants were exposed to a minimum level of chrysotile asbestos necessary to cause asbestosis).

Debtors propose to stratify the overall sample of 1000 into separate sub-samples corresponding to each category of disease claimed (as recorded in the CCR database). Debtors propose to sample 200 mesothelioma claimants, 200 lung cancer claimants, 200 asbestosis claimants, and 200 other cancer claimants. Within each disease category, debtors propose to sample 100 claimants who are identified in the CCR database as having worked in the construction industry and 100 claimants who did not.

To account for the fact that a significant number of claimants in the CCR database failed to report any specific disease, Debtors also propose to include a sub-sample of 200 such claimants. Claimants in the "unknown/unstated" disease category will be allocated to the appropriate disease category once claims forms containing this information are returned by claimant. This claim form information may also be used to calibrate any disease category information imputed to unknown/unstated diseases in the CCR database.

Using a sample size of 200 claimants per disease category will ensure that, within any specific sub-sample, it can be concluded with 95% confidence that any given characteristic of the sampled population will be within 7% of that within the actual population.

Debtors propose to identify claimants to be sampled using a stratified systematic

sample with random start method, further described as follows:

- (1) Each of the approximately 150,000 claimants in the CCR database will be sorted into 10 groups corresponding to the 5 disease categories subdivided by occupational category (*i.e.*, occupational history in construction or non-construction), with claimants in each group sorted alphabetically by state of residence.
- (2) For each of the 10 disease category/occupational history groups a sampling ratio ⁿ will be determined to produce a total stratum size sample of 100. (For example, if the stratum size was 20,000, the sampling ratio ⁿ would be 200 because by selecting every 200th plaintiff from the stratum, you would end up with a sample of 100). A sub-sample for each disease/occupational history category will then be constructed by sampling every ⁿth individual, beginning with a start selected at random.
- (3) Individual claimants are sampled in this fashion until an overall sample of 1000 is constructed.

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

In re:

USG CORPORATION,
a Delaware corporation, et al.,

Debtors.

USG CORPORATION, et al.,

Movant

v.

OFFICIAL COMMITTEE OF ASBESTOS PERSONAL
INJURY CLAIMANTS, OFFICIAL COMMITTEE OF
UNSECURED CREDITORS, OFFICIAL
COMMITTEE OF ASBESTOS PROPERTY
DAMAGE CLAIMANTS AND LEGAL
REPRESENTATIVE FOR FUTURE CLAIMANTS,

Respondents.

Chapter 11

Jointly Administered
Case No. 01-2094 (JKF)

Civil Action No. 04-1559 (JFC)
Civil Action No. 04-1560 (JFC)

**DEBTORS' STANDARD QUESTIONNAIRE TO
SELECT PERSONAL INJURY ASBESTOS CLAIMANTS**

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Tel: (216) 586-3939

Counsel for Debtors

Answer separately and truthfully in writing each of the questions in this Questionnaire in accordance with the Questionnaire's Definitions and Instructions. Read the entire Questionnaire carefully before completing it. Your completed Questionnaire must be returned no later than thirty (30) days from the day you received it. Make sure that you and your attorney, if you have one, sign the last page of the Questionnaire under oath. Completion of this Questionnaire is mandatory under Federal Rules of Civil Procedure, Rules 26 and 33, made applicable to this proceeding by Federal Rules of Bankruptcy Procedure 7026 and 7033.

DEFINITIONS

The words in CAPITALS in the Questionnaire are defined as follows:

1. The INJURED PARTY is the person who allegedly has or had a medical condition caused by asbestos exposure, including but not limited to MESOTHELIOMA, LUNG CANCER, OTHER CANCER, PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, ASBESTOSIS, or other non-malignant asbestos-related condition.
2. The PERSONAL REPRESENTATIVE OF THE INJURED PARTY is the person or entity that is filing the claim on behalf of the INJURED PARTY if the INJURED PARTY is legally incompetent or deceased. This person or entity may be, for example, the INJURED PARTY's legal guardian, executor, or administrator. This person or entity is not the attorney representing the INJURED PARTY or the attorney representing the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
3. The CLAIMANT is either the INJURED PARTY or, if the INJURED PARTY is legally incompetent or deceased, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY.
4. DEBTORS are any or all of the following corporations: USG Corporation, United States Gypsum Company, USG Interiors, Inc., USG Interiors International, Inc., L&W Supply Corporation, Beadex Manufacturing, LLC, B-R Pipeline Company, La Mirada Products Co., Inc., USG Industries, Inc., USG Pipeline Company, and Stocking Specialists, Inc.
5. US GYPSUM is United States Gypsum Company. For a description of the businesses of US GYPSUM and the other DEBTORS and a listing of the types of products they manufactured or sold that may have contained asbestos, see Appendix C to this Questionnaire.
6. PLEURAL PLAQUES is a non-malignant, circumscribed or localized area of fibrous material appearing in the lining of the lung or the chest wall.
7. DIFFUSE PLEURAL THICKENING is a diffuse (as opposed to circumscribed or localized) area of fibrosis appearing in the lining of the lung or the chest wall.
8. ASBESTOSIS is diffuse fibrosis (or scarring) on both lungs caused by the inhalation of asbestos fibers.
9. LUNG CANCER is a malignant tumor of the lungs.
10. MESOTHELIOMA is a malignant tumor of the pleura, which is the thin membrane or lining surrounding the lung (pleural mesothelioma). It may also be a malignant tumor of the lining of the abdominal cavity (peritoneal mesothelioma).
11. OTHER CANCER is any cancer other than LUNG CANCER or MESOTHELIOMA and includes but is not limited to colon cancer, laryngeal (voicebox) cancer, esophageal cancer, pharyngeal (throat) cancer, stomach cancer, breast cancer, ovarian cancer, liver cancer, brain cancer, lymphoma (cancer of the lymph nodes (or tissues)), and prostate cancer.
12. FORCED VITAL CAPACITY (FVC) describes the total amount of air that can be forcibly and quickly exhaled after inhaling as much air as possible.
13. FORCED EXPIRATORY VOLUME (FEV₁) describes the volume of air that can be forced from the lungs in one second of effort.
14. TOTAL LUNG CAPACITY (TLC) represents the total amount of air that can be taken into the lungs, including the air that cannot be exhaled.
15. DIFFUSION CAPACITY (DLCO or D_{co}) measures the exchange of oxygen from the air to the blood stream.

INSTRUCTIONS

1. Read carefully the entire Questionnaire and the Definitions and Instructions before completing the Questionnaire. It is important to read the entire Questionnaire at least once before completing it because you may need to photocopy some sections prior to filling them out so that you can submit multiple copies of the sections. See Instruction No. 4, below.
2. Type or print your answers to each question neatly and legibly using black or blue ink. Use capital letters and avoid contact with the edge of the character boxes. Mark check boxes with an "X" (example at right). ☒ Do not use a felt-tip pen, do not write outside the boxes or blocks, and do not bend or fold the pages of the Questionnaire. Do not distribute this Questionnaire to others for their completion because each Questionnaire has a unique identifying number for each CLAIMANT.
3. Be complete, accurate, and truthful in your answers to the questions asked. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
4. If you cannot fit all information in any particular section or page, make a copy of that page before filling it out and add the necessary information to the copied page(s). Attach as many additional pages as needed.
5. Submit with the Questionnaire copies of any and all medical reports or records that show, support, conflict with, or otherwise relate to a diagnosis or lung function analysis of the INJURED PARTY alleged in Part 2 of the Questionnaire, including but not limited to:
 - A. Physical exam results;
 - B. Pathology reports;
 - C. Diagnostic tests or reports;
 - D. Laboratory tests;
 - E. Letters or other written statements from a doctor or medical clinic;
 - F. Radiographic evaluations, such as x-rays or CT Scans; and
 - G. Pulmonary function test (PFT) reports, including:
 - (i) Spirogram tracings;
 - (ii) FORCED VITAL CAPACITY (FVC);
 - (iii) FORCED EXPIRATORY VOLUME (FEV1);
 - (iv) TOTAL LUNG CAPACITY (TLC); and
 - (v) DIFFUSION CAPACITY (DLCO or D_{co}).
 - H. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnosis.

You may submit photocopies of these medical reports or records instead of the original reports or records.
6. If the INJURED PARTY is deceased, submit the Death Certificate with the Questionnaire. If this Questionnaire is being filed by the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, submit with the Questionnaire written evidence of your authority to act on behalf of the INJURED PARTY.
7. If the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY responded to interrogatories or were deposed in a lawsuit filed by or on behalf of the INJURED PARTY for asbestos-related personal injury, submit with the Questionnaire a copy of any and all such interrogatory responses and depositions. If a written claim, including but not limited to a proof of claim form, was submitted by or on behalf of the INJURED PARTY for asbestos-related personal injury in another bankruptcy case or against a trust established pursuant to a plan of reorganization or liquidation in another bankruptcy case, submit with the Questionnaire a copy of any and all such written claims. See Part 9 of the Questionnaire.
8. If in Part 4 you identify a co-worker or other person upon whom you rely for your belief that the INJURED PARTY was exposed to an asbestos-containing product of US GYPSUM or another DEBTOR, and if that co-worker or other person was deposed in any asbestos-related personal injury action, submit with the Questionnaire a copy of any and all such depositions. See Part 4 of the Questionnaire.

9. In Parts 4-7 of the Questionnaire, you are asked to provide Standard Occupational Classification Codes and Standard Industrial Classification Codes. For a list of these codes, refer to Appendices D and E, respectively, to the Questionnaire.
10. Make sure that the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY completes and signs both the Authorization To Disclose Health Information Pursuant to HIPPA contained in Appendix A and the Authorization for Release of Earnings Information and Employment Records From the Social Security Administration contained in Appendix B. You do not need to complete the Request for Social Security Earnings Information Form (Form SSA-7050-F4) that is included in Appendix B with the Authorization. This form is only for your reference. You need only complete and return the Authorization on the first page of Appendix B.
11. Make sure that the CLAIMANT and the attorney of the CLAIMANT, if any, signs the Questionnaire. Make a copy of your completed Questionnaire for your records and submit the original Questionnaire and all supporting documentation to the following address:

If by mail:

Rust Consulting, Inc. Return Address
P.O. Box XXXX
Faribault, MN 55021-XXXX

If by hand or overnight delivery:

Rust Consulting, Inc.
201 S. Lyndale Ave.
Faribault, MN 55021

Place your Questionnaire in the mail or hand or overnight deliver it no later than thirty (30) days after the day you received this Questionnaire. Do not submit your Questionnaire by facsimile, telecopy, or other electronic transmission. Do not send your Questionnaire to DEBTORS or DEBTORS' counsel.

PART 1: IDENTIFYING INFORMATION

Provide identifying information regarding the INJURED PARTY, the PERSONAL REPRESENTATIVE OF THE INJURED PARTY, and the CLAIMANT's attorney, if any.

A. INJURED PARTY – the person who allegedly has or had a medical condition caused by asbestos exposure.

1. Full Name:

Last

First

MI

2. Other Names Used:
(Including maiden name)

Last

First

MI

3. Social Security Number:

 - -

4. Gender:

Male ☐ Female ☐

5. Date of Birth:

 / /

(month)

(day)

(year)

6. The Injured Party is: Living ☐ Deceased ☐ (If deceased, enclose the death certificate.)

a. If deceased, date of death:

 / /

(month)

(day)

(year)

b. If deceased, was death asbestos-related? Yes ☐ No ☐

7. If the INJURED PARTY is living, provide that person's:

a. Mailing Address:

Street/P.O. Box

City

State

Zip

b. Daytime Phone Number:

 () -

PART 1: IDENTIFYING INFORMATION (Continued)

B. PERSONAL REPRESENTATIVE OF THE INJURED PARTY (not filling attorney) – If the INJURED PARTY is legally incompetent or deceased, and has a PERSONAL REPRESENTATIVE other than, or in addition to, his/her attorney, provide the following information for the PERSONAL REPRESENTATIVE submitting the claim. (Enclose written evidence of your authority to act on behalf of the INJURED PARTY.)

1. Name of PERSONAL REPRESENTATIVE:

 Last

 First
 MI

2. PERSONAL REPRESENTATIVE'S

Social Security Number:

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3. Relationship to INJURED PARTY:

The PERSONAL REPRESENTATIVE is the INJURED PARTY's:

[illegible]

4. PERSONAL REPRESENTATIVE'S

a. Mailing Address:

Street/P.O. Box																							
City												State		Zip									

b. Daytime Phone Number:

$$\left(\begin{array}{|c|} \hline \square \\ \hline \end{array} \right) \begin{array}{|c|} \hline \square \\ \hline \end{array} - \begin{array}{|c|} \hline \square \\ \hline \end{array}$$

C. Attorney – If the CLAIMANT is represented by an attorney, provide the following information.

1. Attorney Name:

Diagram illustrating a 2D array structure with 2 rows and 20 columns. The top row is labeled "Last" and the bottom row is labeled "First". The array is divided into two sections: a 2x10 section on the left and a 2x10 section on the right. The left section is labeled "First" and the right section is labeled "Last".

2. Email Contact Information:

[illegible]

3. Name of Law Firm:

[illegible]

4. Firm Address:

Street/P.O. Box			
City	State	Zip	

5. Phone Number:

$$(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Fax Number:

() -

PART 2: ASBESTOS-RELATED AND OTHER INJURIES

Provide information about the INJURED PARTY's asbestos-related personal injury.

1. Has the INJURED PARTY been diagnosed with cancer? Yes ☐ No ☐

2. If "Yes", identify the type of cancer that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of LUNG CANCER, MESOTHELIOMA, and OTHER CANCER on page 1 of this Questionnaire.

LUNG CANCER

☐

Date of Diagnosis:

 /
(month) (year)

MESOTHELIOMA

☐

Date of Diagnosis:

 /
(month) (year)

OTHER CANCER

☐

Date of Diagnosis:

 /
(month) (year)

If OTHER CANCER, describe.

3. Has the doctor who made the diagnosis of cancer stated that the cancer in question was caused by asbestos exposure?

Yes ☐ No ☐

4. Has the INJURED PARTY been diagnosed with a non-malignant asbestos-related condition?

Yes ☐ No ☐

5. If "Yes", identify the type of non-malignant asbestos-related condition that was diagnosed for the INJURED PARTY and the date of diagnosis. Refer to the definitions of PLEURAL PLAQUES, DIFFUSE PLEURAL THICKENING, and ASBESTOSIS on page 1 of this Questionnaire.

PLEURAL PLAQUES

☐

Date of Diagnosis:

 /
(month) (year)

DIFFUSE PLEURAL THICKENING

☐

Date of Diagnosis:

 /
(month) (year)

ASBESTOSIS

☐

Date of Diagnosis:

 /
(month) (year)

OTHER Non-Malignant Asbestos-Related Condition

☐

If Other Non-Malignant Asbestos-Related Condition, describe.

PART 2: ASBESTOS-RELATED AND OTHER INJURIES (Continued)

6. Has the doctor who made the diagnosis of non-malignant asbestos-related condition stated that the condition in question was caused by asbestos exposure? Yes ☐ No ☐

7. Provide information regarding the INJURED PARTY's most recent lung function test results.

a. FORCED VITAL CAPACITY (FVC):

Test Date: / /
Month Day Year

Result: L % of Predicted: %

b. FORCED EXPIRATORY VOLUME (FEV₁):

Test Date: / /
Month Day Year

Result: L % of Predicted: %

c. TOTAL LUNG CAPACITY (TLC):

Test Date: / /
Month Day Year

Result: L % of Predicted: %

d. DIFFUSION CAPACITY (DLCO or D_{co}):

Test Date: / /
Month Day Year

Result: L % of Predicted: %

8. Provide information regarding the INJURED PARTY's most recent ILO x-ray reading.

Reading Date: / /
Month Day Year

Results: .

9. a. Has the INJURED PARTY been diagnosed with any other lung condition? Yes ☐ No ☐

Another lung condition includes but is not limited to:

- (i) chronic obstructive pulmonary disease (including emphysema and chronic bronchitis)
- (ii) asthma,
- (iii) pneumonia,
- (iv) interstitial lung disease (idiopathic pulmonary fibrosis),
- (v) silicosis,
- (vi) effusion (fluid around the lung (pleural cavity)), and
- (vii) congestive heart failure (fluid in the lung) (lung edema)

b. If "Yes", describe the other lung condition.

10. Attach to this Questionnaire copies of any and all medical reports or records that show, support, conflict with, or otherwise relate to a diagnosis or lung function analysis identified in this Part, including but not limited to:

- a. Physical exam results;
- b. Pathology reports;
- c. Diagnostic tests or reports;
- d. Laboratory tests;
- e. Letters or other written statements from a doctor or medical clinic;
- f. Radiographic evaluations, such as x-rays or CT Scans;
- g. Pulmonary function test (PFT) reports, including:
 - i) Spirogram tracings;
 - ii) FORCED VITAL CAPACITY (FVC);
 - iii) FORCED EXPIRATORY VOLUME (FEV₁);
 - iv) TOTAL LUNG CAPACITY (TLC); and
 - v) DIFFUSION CAPACITY (DLCO or D_{co}).
- h. Written statements by a doctor or medical clinic regarding the cause or potential cause of a diagnosis.

You may submit photocopies of these medical reports or records instead of the original reports or records.

a. Doctor's Name:

[illegible]

Last



First

MI

[illegible]

Street/P.O. Box

City
State
Zip

City

State

: Zip

[illegible][illegible]

PART 3: SMOKING HISTORY OF THE INJURED PARTY

No

Cigarettes: <input type="text"/> Cigars: <input type="text"/> Pipes: <input type="text"/>	Age when First Started Smoking <input type="text"/> <input type="text"/> Age Started	Date, if any, When Completely Stopped Smoking <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	Packs per Day: <input type="text"/> <input type="text"/> . <input type="text"/> * (#)
	<input type="text"/> <input type="text"/> Age Started	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	Cigars per Day: <input type="text"/> <input type="text"/> (#)
	<input type="text"/> <input type="text"/> Age Started	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	Pipes per Day: <input type="text"/> <input type="text"/> (#)

No

	Age when First Started Using	Date, if any, When Completely Stopped Using	
Chewing Tobacco: <input type="checkbox"/>	<input type="text"/> <input type="text"/> Age Started	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	Number of times per Day: <input type="text"/> <input type="text"/> (#)
Snuff: <input type="checkbox"/>	<input type="text"/> <input type="text"/> Age Started	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year	Number of times per Day: <input type="text"/> <input type="text"/> (#)

Chewing Tobacco:

□

Age when First
Started Using

--	--

Age Started

Date, If any, When
Completely Stopped Using

		/					
--	--	---	--	--	--	--	--

Month

Year

Number of
times per Day:

--	--

(#)

Number of
times per Day:

--	--

(#)

**PART 4: OCCUPATIONAL EXPOSURE TO PRODUCTS OF UNITED STATES GYPSUM COMPANY
OR ANY OF THE DEBTORS (Continued)**

7. a. Provide the date range and frequency of product exposure in the listed occupation and industry. In addition, for each exposure, describe the exposure type as A, B, C or D as follows:

- (A) a worker who personally worked with asbestos-containing products of US GYPSUM or DEBTORS;
 (B) a worker in a room where other workers were personally working with asbestos-containing products of US GYPSUM or DEBTORS;
 (C) a worker on a floor where other workers were personally working with asbestos-containing products of US GYPSUM or DEBTORS; or
 (D) a worker at a site where other workers were personally working with asbestos-containing products of US GYPSUM or DEBTORS.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

- b. If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the Instructions to Question 7.a. Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

Date Range of Exposure: From: <input type="text"/> / <input type="text"/> Month Year To: <input type="text"/> / <input type="text"/> Month Year	Exposure Type: Indicate A, B, C or D per Instructions above. <input type="checkbox"/>	Frequency of Exposure During this Date Range: Day(s) per month <input type="text"/> Hour(s) per Day <input type="text"/>
Date Range of Exposure: From: <input type="text"/> / <input type="text"/> Month Year To: <input type="text"/> / <input type="text"/> Month Year	Exposure Type: Indicate A, B, C or D per Instructions above. <input type="checkbox"/>	Frequency of Exposure During this Date Range: Day(s) per month <input type="text"/> Hour(s) per Day <input type="text"/>
Date Range of Exposure: From: <input type="text"/> / <input type="text"/> Month Year To: <input type="text"/> / <input type="text"/> Month Year	Exposure Type: Indicate A, B, C or D per Instructions above. <input type="checkbox"/>	Frequency of Exposure During this Date Range: Day(s) per month <input type="text"/> Hour(s) per Day <input type="text"/>

8. Description of job duties:

9. Description of how Product was used at the site(s):

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential: % Commercial: % = 100 %

PART 5: OCCUPATIONAL EXPOSURE TO OTHER ASBESTOS-CONTAINING PRODUCTS (Continued)

7. a. Provide the date range and frequency of product exposure in the listed occupation and industry. In addition, for each exposure, describe the exposure type as A, B, C or D as follows:

- (A) a worker who personally worked with asbestos-containing products;
(B) a worker in a room where other workers were personally working with asbestos-containing products;
(C) a worker on a floor where other workers were personally working with asbestos-containing products; or
(D) a worker at a site where other workers were personally working with asbestos-containing products.

Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

- b. If exposure was not continuous, provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the Instructions to Question 7.a. Choose the category that best describes the INJURED PARTY's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions to Question 7.a.</p> <p><input type="text"/></p>	<p>Frequency of Exposure During this Date Range:</p> <p>Day(s) per month <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day <input type="text"/> <input type="text"/></p>
<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions to Question 7.a.</p> <p><input type="text"/></p>	<p>Frequency of Exposure During this Date Range:</p> <p>Day(s) per month <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day <input type="text"/> <input type="text"/></p>
<p>Date Range of Exposure:</p> <p>From: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p> <p>To: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions to Question 7.a.</p> <p><input type="text"/></p>	<p>Frequency of Exposure During this Date Range:</p> <p>Day(s) per month <input type="text"/> <input type="text"/></p> <p>Hour(s) per Day <input type="text"/> <input type="text"/></p>

- 8. Description of job duties:**

9. Description of how Product was used at the site(s):

10. If the exposure(s) listed in response to the above questions was/were at a construction site, state the percentage of time such exposure(s) occurred at residential and commercial sites:

Residential: % Commercial: % = 100 %

PART 6: OCCUPATIONAL HISTORY

Provide the complete occupational history of the INJURED PARTY. Include all jobs in which the INJURED PARTY worked at least a month, including any summer jobs worked during the first twenty (20) years of life, and conclude with any current employment. For Occupation Codes, use the Standard Occupational Classification Codes listed in Appendix D. For Industry Codes, use the Standard Industrial Classification Codes listed in Appendix E. If the INJURED PARTY has had more jobs than can fit on this page, photocopy the page before filling it out as many times as needed and complete the additional pages.

1. Employer Name:

Employer Address:

Street

City

State

Zip

Years Worked:

From: / To: /

Month

Year

Month

Year

Occupation Code: Specify If "Other"

Industry Code: Specify If "Other"

2. Employer Name:

Employer Address:

Street

City

State

Zip

Years Worked:

From: / To: /

Month

Year

Month

Year

Occupation Code: Specify If "Other"

Industry Code: Specify If "Other"

3. Employer Name:

Employer Address:

Street

City

State

Zip

Years Worked:

From: / To: /

Month

Year

Month

Year

Occupation Code: Specify If "Other"

Industry Code: Specify If "Other"

- Yes ☐ No ☐

- Yes ☐ No ☐

YES ☐ NO ☐

[illegible][illegible][illegible][illegible]

Fig. 2	Fig. 3	Fig. 4	Fig. 5	Fig. 6	Fig. 7	Fig. 8	Fig. 9	Fig. 10	Fig. 11	Fig. 12	Fig. 13	Fig. 14	Fig. 15	Fig. 16	Fig. 17	Fig. 18	Fig. 19	Fig. 20	Fig. 21	Fig. 22	Fig. 23	Fig. 24	Fig. 25	Fig. 26	Fig. 27	Fig. 28	Fig. 29	Fig. 30	Fig. 31	Fig. 32	Fig. 33	Fig. 34	Fig. 35	Fig. 36	Fig. 37	Fig. 38	Fig. 39	Fig. 40	Fig. 41	Fig. 42	Fig. 43	Fig. 44	Fig. 45	Fig. 46	Fig. 47	Fig. 48	Fig. 49	Fig. 50	Fig. 51	Fig. 52	Fig. 53	Fig. 54	Fig. 55	Fig. 56	Fig. 57	Fig. 58	Fig. 59	Fig. 60	Fig. 61	Fig. 62	Fig. 63	Fig. 64	Fig. 65	Fig. 66	Fig. 67	Fig. 68	Fig. 69	Fig. 70	Fig. 71	Fig. 72	Fig. 73	Fig. 74	Fig. 75	Fig. 76	Fig. 77	Fig. 78	Fig. 79	Fig. 80	Fig. 81	Fig. 82	Fig. 83	Fig. 84	Fig. 85	Fig. 86	Fig. 87	Fig. 88	Fig. 89	Fig. 90	Fig. 91	Fig. 92	Fig. 93	Fig. 94	Fig. 95	Fig. 96	Fig. 97	Fig. 98	Fig. 99	Fig. 100	Fig. 101	Fig. 102	Fig. 103	Fig. 104	Fig. 105	Fig. 106	Fig. 107	Fig. 108	Fig. 109	Fig. 110	Fig. 111	Fig. 112	Fig. 113	Fig. 114	Fig. 115	Fig. 116	Fig. 117	Fig. 118	Fig. 119	Fig. 120	Fig. 121	Fig. 122	Fig. 123	Fig. 124	Fig. 125	Fig. 126	Fig. 127	Fig. 128	Fig. 129	Fig. 130	Fig. 131	Fig. 132	Fig. 133	Fig. 134	Fig. 135	Fig. 136	Fig. 137	Fig. 138	Fig. 139	Fig. 140	Fig. 141	Fig. 142	Fig. 143	Fig. 144	Fig. 145	Fig. 146	Fig. 147	Fig. 148	Fig. 149	Fig. 150	Fig. 151	Fig. 152	Fig. 153	Fig. 154	Fig. 155	Fig. 156	Fig. 157	Fig. 158	Fig. 159	Fig. 160	Fig. 161	Fig. 162	Fig. 163	Fig. 164	Fig. 165	Fig. 166	Fig. 167	Fig. 168	Fig. 169	Fig. 170	Fig. 171	Fig. 172	Fig. 173	Fig. 174	Fig. 175	Fig. 176	Fig. 177	Fig. 178	Fig. 179	Fig. 180	Fig. 181	Fig. 182	Fig. 183	Fig. 184	Fig. 185	Fig. 186	Fig. 187	Fig. 188	Fig. 189	Fig. 190	Fig. 191	Fig. 192	Fig. 193	Fig. 194	Fig. 195	Fig. 196	Fig. 197	Fig. 198	Fig. 199	Fig. 200	Fig. 201	Fig. 202	Fig. 203	Fig. 204	Fig. 205	Fig. 206	Fig. 207	Fig. 208	Fig. 209	Fig. 210	Fig. 211	Fig. 212	Fig. 213	Fig. 214	Fig. 215	Fig. 216	Fig. 217	Fig. 218	Fig. 219	Fig. 220	Fig. 221	Fig. 222	Fig. 223	Fig. 224	Fig. 225	Fig. 226	Fig. 227	Fig. 228	Fig. 229	Fig. 230	Fig. 231	Fig. 232	Fig. 233	Fig. 234	Fig. 235	Fig. 236	Fig. 237	Fig. 238	Fig. 239	Fig. 240	Fig. 241	Fig. 242	Fig. 243	Fig. 244	Fig. 245	Fig. 246	Fig. 247	Fig. 248	Fig. 249	Fig. 250	Fig. 251	Fig. 252	Fig. 253	Fig. 254	Fig. 255	Fig. 256	Fig. 257	Fig. 258	Fig. 259	Fig. 260	Fig. 261	Fig. 262	Fig. 263	Fig. 264	Fig. 265	Fig. 266	Fig. 267	Fig. 268	Fig. 269	Fig. 270	Fig. 271	Fig. 272	Fig. 273	Fig. 274	Fig. 275	Fig. 276	Fig. 277	Fig. 278	Fig. 279	Fig. 280	Fig. 281	Fig. 282	Fig. 283	Fig. 284	Fig. 285	Fig. 286	Fig. 287	Fig. 288	Fig. 289	Fig. 290	Fig. 291	Fig. 292	Fig. 293	Fig. 294	Fig. 295	Fig. 296	Fig. 297	Fig. 298	Fig. 299	Fig. 300	Fig. 301	Fig. 302	Fig. 303	Fig. 304	Fig. 305	Fig. 306	Fig. 307	Fig. 308	Fig. 309	Fig. 310	Fig. 311	Fig. 312	Fig. 313	Fig. 314	Fig. 315	Fig. 316	Fig. 317	Fig. 318	Fig. 319	Fig. 320	Fig. 321	Fig. 322	Fig. 323	Fig. 324	Fig. 325	Fig. 326	Fig. 327	Fig. 328	Fig. 329	Fig. 330	Fig. 331	Fig. 332	Fig. 333	Fig. 334	Fig. 335	Fig. 336	Fig. 337	Fig. 338	Fig. 339	Fig. 340	Fig. 341	Fig. 342	Fig. 343	Fig. 344	Fig. 345	Fig. 346	Fig. 347	Fig. 348	Fig. 349	Fig. 350	
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[illegible][illegible]

Yes ☐ No ☐

Page 14

Date Range of Exposure:

To:

--	--

 /

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Month Year

Day(s) per month	
------------------	--

Hour(s) per Day		
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From:

--	--

 /

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Month Year

To: /
Month Year

Day(s) per month

--	--

Hour(s) per Day

--	--

From: /
Month Year

To:

--	--

 /

--	--	--	--

Month Year

Day(s) per month

--	--

Hour(s) per Day

--	--

[illegible]

Last

[illegible]

First

Yes		No	
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Specify If "Other"

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Specify if "Other"

- Choose the category that best describes the Source Individual's type of exposure and choose only one category.**

b. If the Source Individual's exposure was not continuous provide all separate date ranges and frequencies of exposure. Start with the first date of exposure and finish with the last date of exposure. If there are more than three date ranges of exposure, photocopy this section before completing it and attach additional pages. For each exposure, describe the exposure type as A, B, C, or D per the instructions to Question 9.a. Choose the category that best describes the Source Individual's type of exposure and choose only one category.

<p>Date Range of Exposure:</p> <p>From: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Month Year</p> <p>To: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p style="text-align: center;">Month Year</p>	<p>Exposure Type:</p> <p>Indicate A, B, C or D per Instructions above.</p> <p style="text-align: center;"><input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/></p>	<p>Frequency of Exposure During this Date Range:</p> <p>Day(s) per month <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Hour(s) per Day <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p>
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12. Source Individual's Date of Birth:

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 /

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(month) (day) (year)

PART 7: OTHER EXPOSURE TO ASBESTOS (Continued)

12. Source Individual's Mailing Address:

Street/P.O. Box																								
City															State		Zip							

13. Source Individual's Daytime Phone Number: () -

14. Source Individual's Relationship to Injured Party
The Injured Party is the Source Individual's:

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(Spouse, Son, Daughter, etc.)

PART 8: RESIDENTIAL HISTORY

Provide the following information regarding the INJURED PARTY's past residences, starting with the earliest residence. For each subsequent residence, including any current residence, photocopy this page and complete the page.

[illegible]

Date INJURED PARTY began residing at this address: /
Month Year

Date INJURED PARTY ceased residing at this address: /
Month Year

2. During the INJURED PARTY's residency, were any asbestos-containing products installed or otherwise brought onto the residence or surrounding areas? Yes ☐ No ☐

3. During this residency, did the INJURED PARTY live near a plant which processed asbestos and/or asbestos-containing products? Yes ☐ No ☐

Provide information about the INJURED PARTY's residential exposure to asbestos or asbestos-containing products in Part 7.

PART 10: THE SOURCE INDIVIDUAL'S LAWSUITS AND BANKRUPTCY CLAIMS (Continued)

A. LAWSUITS (Continued)

11. a. Was a settlement agreement reached in this lawsuit? Yes ☐ No ☐

b. If "yes," with what defendant(s) and in what amount(s)? If against more than five defendants, photocopy this question before completing it and complete it for all defendants with whom a settlement was reached.

<input type="text"/>	(Defendant)	\$ <input type="text"/>	(amount)
<input type="text"/>	(Defendant)	\$ <input type="text"/>	(amount)
<input type="text"/>	(Defendant)	\$ <input type="text"/>	(amount)
<input type="text"/>	(Defendant)	\$ <input type="text"/>	(amount)
<input type="text"/>	(Defendant)	\$ <input type="text"/>	(amount)

c. If a settlement agreement was reached with US GYPSUM or another DEBTOR, have any settlement amounts been paid? Yes ☐ No ☐

d. If "yes," by what DEBTOR(s) and in what amount(s)? If by more than two DEBTORS, photocopy this question before completing it and complete it for all DEBTORS who paid a settlement amount.

<input type="text"/>	(Debtor)	\$ <input type="text"/>	(amount)
<input type="text"/>	(Debtor)	\$ <input type="text"/>	(amount)

PART 11: IDENTITY OF DEBTOR

In this section, identify (by marking the appropriate box(es)) the DEBTOR(S) that you believe are responsible for the INJURED PARTY's asbestos-related personal injury alleged in Part 2. United States Gypsum Company is one of the DEBTORS that are parties to this bankruptcy proceeding. In addition, United States Gypsum Company and the other DEBTORS have at times owned or been owned by other companies that are no longer related.

- | | |
|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> B-R Pipeline Company | <input type="checkbox"/> United States Gypsum Company |
| <input type="checkbox"/> USG Corporation | <input type="checkbox"/> La Mirada Products Co., Inc. |
| <input type="checkbox"/> USG Interiors, Inc. | <input type="checkbox"/> USG Industries, Inc. |
| <input type="checkbox"/> USG Interiors International, Inc. | <input type="checkbox"/> USG Pipeline Company |
| <input type="checkbox"/> L&W Supply Corporation | <input type="checkbox"/> Stocking Specialties, Inc. |
| <input type="checkbox"/> Beadex Manufacturing, LLC | |

PART 12: CERTIFICATION THAT INFORMATION IS TRUE AND COMPLETE

Make sure that this Questionnaire is certified as true and complete by the CLAIMANT and by any attorney that the CLAIMANT has. Both the CLAIMANT (either the INJURED PARTY or the PERSONAL REPRESENTATIVE OF THE INJURED PARTY) and any attorney for the CLAIMANT must sign below.

1. Use the checklist below to indicate which document(s) you are submitting with this Questionnaire.

- ☐ Medical reports or records regarding a diagnosis alleged in Part 2
- ☐ Responses to interrogatories in lawsuits indicated in Parts 9 or 10
- ☐ Radiographic evaluations, such as x-rays or CT scans
- ☐ Depositions in lawsuits indicated in Parts 4, 9, or 10
- ☐ Pulmonary function test (PFT) reports, including spirogram tracings, FORCED VITAL CAPACITY (FVC), FORCED EXPIRATORY VOLUME (FEV₁), TOTAL LUNG CAPACITY (TLC), and DIFFUSION CAPACITY (DLCO or D_{co})
- ☐ Proof of claim forms in bankruptcies indicated in Parts 9 or 10
- ☐ Written evidence of the authority of the PERSONAL REPRESENTATIVE OF THE INJURED PARTY to act on behalf of the INJURED PARTY (if this Questionnaire is filed by the PERSONAL REPRESENTATIVE)
- ☐ Death Certificate (if the INJURED PARTY is deceased)

2. Complete and sign the authorization attached as Appendix A to this Questionnaire authorizing the disclosure and use of the INJURED PARTY's medical records and health information.

☐ The executed release is attached.

3. Complete and sign the authorization attached as Appendix B to this Questionnaire authorizing the disclosure and use of the INJURED PARTY's earnings information and employment records from the Social Security Administration.

☐ The executed release is attached.

4. I have reviewed the information submitted on this Questionnaire and all supporting documents submitted with it. I declare, under penalty of perjury, that, to the best of my knowledge, the information submitted is accurate and complete.

/ /
(month) (day) (year)

(Signature of CLAIMANT)

/ /
(month) (day) (year)

(Signature of CLAIMANT's attorney, if any)

[End of Questionnaire]

Review your Questionnaire to ensure that it is true and complete and that you have attached all supporting documentation. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.

APPENDIX A

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION PURSUANT TO HIPAA

I hereby authorize the use or disclosure of my individually identifiable protected health information ("PHI") as described below for the purpose of review and evaluation in connection with a legal claim. I expressly request that all entities covered under the Health Insurance Portability & Accountability Act of 1996 ("HIPAA") identified below disclose full and complete PHI spanning the time period of my date of birth to the present, including the following: all medical records, correspondence, laboratory reports, notes, radiology films, pharmacy/prescription records, billing records, and insurance records, including but not limited to records pertaining to any alcohol or drug abuse (excepting any records pertaining to treatment for HIV and records pertaining to mental health, psychiatric, or psychological treatment without further express consent from me.) This authorization is effective only to the extent allowed under the applicable state law.

Patient Name:

- -

Patient Social Security Number

/ /

Patient Date of Birth

I authorize you to release the PHI to the law firm of Cooley Godward LLP, its partners, employees and agents.

Persons/Organizations Authorized to Make the Requested Disclosures:

All physicians and other health care providers who have examined, treated, consulted with, or x-rayed me, and all hospitals, nursing facilities, rehabilitation clinics, laboratories or other health treatment facilities of any kind in which I have been a patient and/or resident.

- I understand that I have the right to revoke this authorization at any time by writing to my health care providers listed above. I understand, however, that actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.
- I understand that this authorization is voluntary and that once this information has been disclosed it may be subject to re-disclosure and would no longer be protected by federal privacy regulations.
- I understand that the health care providers to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign this authorization.
- Any facsimile or photocopy of this authorization shall authorize you to release the records described herein.
- This authorization shall expire upon final resolution of the litigation entitled *In re: USG Corporation*, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC).

Signature

/ /

Date

If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual:

APPENDIX B

**AUTHORIZATION FOR RELEASE OF EARNINGS INFORMATION AND EMPLOYMENT RECORDS FROM
THE SOCIAL SECURITY ADMINISTRATION**

AUTHORIZATION:

I hereby authorize the Social Security Administration to furnish to the law firm of Cooley Godward LLP, its partners, employees and agents ("Cooley Godward"), any and all earnings information and employment records ("SSA Employment Records") pertaining to:

Name:

Other Name(s) Used (Including Maiden Name):

 - -

Social Security Number

 / /

Patient Date of Birth

I hereby further authorize Cooley Godward to prepare and sign a Request for Social Security Earnings Information (Form SSA-7050-F4) on my behalf in order to permit Cooley Godward to request my SSA Employment Records from the Social Security Administration. I acknowledge that I was provided with a blank copy of a Request for Social Security Earnings Information form (Form SSA-7050-F4) for my reference.

AUTHORIZED PERSONS AND ENTITIES:

This release authorizes Cooley Godward to obtain, receive and use my SSA Employment Records in connection with the litigation entitled *In re USG Corporation*, United States District Court for the District of Delaware, Case Nos. 01-02094 (JKF), 04-1559 (JFC) and 04-1560 (JFC) ("USG Litigation")

DURATION:

This authorization shall become effective immediately and shall expire upon final resolution of the USG Litigation identified above.

SIGNATURE:

Signature

 / /

Date

If the Authorization is signed by a Personal Representative of the individual, a description of such representative's authority to act for the individual.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION

*Use This Form If You Need

1. Certified/Non-Certified Detailed Earnings Information

Includes periods of employment or self-employment and the names and addresses of employers.

OR

2. Certified Yearly Totals of Earnings

Includes total earnings for each year but does not include the names and addresses of employers.

DO NOT USE THIS FORM FOR:

Non-certified yearly totals of earnings

This service is free to the public.

These totals can be obtained by calling
1-800-772-1213 to receive Form SSA-7004,
Request for Earnings and Benefit Estimate
Statement.

PRIVACY ACT NOTICE: We are authorized to collect this information under section 205 of the Social Security Act, and the Federal Records Act of 1950 (64 Stat. 583). It is needed so we can identify your records and prepare the statement you request. You do not have to furnish the information, but failure to do so may prevent your request from being processed.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. 53507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 11 minutes to read the instructions, gather the necessary facts, and answer the questions.

INFORMATION ABOUT YOUR REQUEST**• How Do I Get This Information?**

You need to complete the attached form to tell us what information you want.

• Can I Get This Information For Someone Else?

Yes, if you have their written permission. For more information, see page 3.

• Who Can Sign On Behalf Of An Individual?

The parent of a minor child, or the legal guardian of an individual who has been declared legally incompetent, may sign if he/she is acting on behalf of the individual.

• Is There A Fee For This Information?**1. Certified/Non-Certified Detailed Earnings Information**

Yes, we usually charge a fee for detailed information. In most cases, this information is used for purposes NOT directly related to Social Security such as for a private pension plan or personal injury suit. The fee chart on page 3 gives the amount of the charge.

Sometimes, there is no charge for detailed information. If you have reason to believe your earnings are not correct (for example, you have previously received earnings information from us

and it does not agree with your records), we will supply you with more detail for the period in question. Occasionally, earnings amounts are wrong because an employer did not correctly report earnings or earnings are credited to the wrong person. In situations like these, we will send you detailed information, at no charge, so we can correct your record.

Be sure to show the year(s) involved on the request form and explain why you need the information. If you do not tell us why you need the information, we will charge a fee.

We will certify the detailed earnings information for an additional fee of \$15.00. Certification is usually not necessary unless you plan to use the information in court.

2. Certified Yearly Total of Earnings

Yes, there is a fee of \$15 to certify yearly totals of earnings. Certification is usually not necessary unless you plan to use the information in court.

3. Method of Payment

Enclose a check or money order for the entire fee required. Payment can also be made by credit card. To do so, complete page 4 of this form and return it with your request form.

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**1. From whose record do you need the earnings information?**

Print the Name, Social Security Number (SSN), and date of birth below.

Name _____ Social Security Number _____

Other Name(s) Used _____ Date of Birth _____
(Include Maiden Name) (Mo/Day/Yr)

2. What kind of information do you need?

- ☐ **Detailed Earnings Information** For the period(s)/year(s): _____
(If you check this block, tell us below why you need this information.)
- _____
- ☐ **Certified Total Earnings For Each Year.** For the year(s): _____
(Check this box only if you want the information certified. Otherwise, call 1-800-772-1213 to request Form SSA-7004, Request for Earnings and Benefit Estimate Statement)

3. If you owe us a fee for this detailed earnings information, enter the amount due using the chart on page 3

A. \$ _____

Do you want us to certify the information?

☐ Yes ☐ No

If yes, enter \$15.00

B. \$ _____

ADD the amounts on lines A and B, and enter the TOTAL amount

C. \$ _____

- You can pay by CREDIT CARD by completing and returning the form on page 4, or
- Send your CHECK or MONEY ORDER for the amount on line C with the request and make check or money order payable to "Social Security Administration"
- DO NOT SEND CASH.

4. I am the individual to whom the record pertains (or a person who is authorized to sign on behalf of that individual). I understand that any false representation to knowingly and willfully obtain information from Social Security records is punishable by a fine of not more than \$5,000 or one year in prison.

SIGN your name here

(Do not print) > _____

Date _____

Daytime Phone Number _____

(Area Code) (Telephone Number)

5. Tell us where you want the information sent. (Please print)

Name _____ Address _____

City, State & Zip Code _____

6. Mail Completed Form(s) To:**Exception: If using private contractor (e.g., FedEx) to mail form(s), use:**

Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

REQUEST FOR SOCIAL SECURITY EARNINGS INFORMATION**How Much Do I Have to Pay For Detailed Earnings?**

1. Count the number of years for which you need detailed earnings information. Be sure to add in both the first and last year requested. However, do not add in the current calendar year since this information is not yet available.
2. Use the chart below to determine the correct fee.

Number of Years Requested	Fee	Number of Years Requested	Fee	Number of Years Requested	Fee
1	\$15.00	15	\$43.75	28	\$64.50
2	17.50	16	45.50	29	66.00
3	20.00	17	47.25	30	67.50
4	22.50	18	49.00	31	68.75
5	25.00	19	50.75	32	70.00
6	27.00	20	52.50	33	71.25
7	29.00	21	54.00	34	72.50
8	31.00	22	55.50	35	73.75
9	33.00	23	57.00	36	75.00
10	35.00	24	58.50	37	76.25
11	36.75	25	60.00	38	77.50
12	38.50	26	61.50	39	78.75
13	40.25	27	63.00	40	80.00
14	42.00				

For Requests Over 40 Years, Please Add 1 Dollar for Each Additional Year.

• **Whose Earnings Can Be Requested**

1. Your Earnings

You can request earnings information from your own record by completing the attached form; we need your handwritten signature. If you sign with an "X", your mark must be witnessed by two disinterested persons who must sign their name and address.

2. Someone Else's Earnings

You can request earnings information from the record of someone else if that person tells us in writing to give the information to you. This writing or "authorization" must be presented to us within 60 days of the date it was signed by that person.

3. A Deceased Person's Earnings

You can request earnings information from the record of a deceased person if you are the legal representative of the estate, a survivor (that is, the spouse, parent, child, divorced spouse of divorced parent), or an individual with a material interest (example-financial) who is an heir at law, next of kin, beneficiary under the will or donee of property of the decedent.

Proof of death must be included with your request. Proof of appointment as representative or proof of your relationship to the deceased must also be included.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply. You may also pay by check or money order.

Please fill in all the information below and return this form along with your request to:

**Social Security Administration
Division of Earnings Record Operations
P.O. Box 33003
Baltimore Maryland 21290-3003**

Exception:

If using private contractor (e.g., FedEx) to mail form(s), use:

Social Security Administration
Division of Earnings Record Operations
300 N. Greene St.
Baltimore Maryland 21290-0300

Note: Please read Paperwork/Privacy Act Notice

CHECK ONE _____	<input type="checkbox"/> Visa <input type="checkbox"/> American <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Diners Card
Credit Card Holder's Name _____ (Enter the name from the credit card)	_____ First Name Middle Initial Last Name
Credit Card Holder's Address _____	_____ Number & Street
	_____ City, State, & Zip Code
Daytime Telephone Number _____	_____ Area Code
	_____ Telephone Number
Credit Card Number _____	_____ _____ _____ _____
Credit Card Expiration Date _____	_____ Month
	_____ Year
Amount Charged _____	_____ _____
Credit Card Holder's Signature _____	
DO NOT WRITE IN THIS SPACE OFFICE USE ONLY	Authorization
	Name _____ Date _____
	Remittance Control # _____

PRIVACY ACT NOTICE

The Social Security Administration (SSA) has authority to collect the information requested on this form under section 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.

APPENDIX C COMPANY HISTORY ABOUT PRODUCTS CONTAINING ASBESTOS

United States Gypsum Company is a subsidiary of USG Corporation. United States Gypsum Company was formed in 1901 and is in the business of manufacturing and selling building products. Some of the building products manufactured and sold by United States Gypsum Company from 1920 through 1978 contained asbestos. Products that may have contained asbestos during this period include some wall and ceiling plasters, spray fireproofing, fire-rated ceiling tiles, decorative textures, joint compound, and industrial insulation. Most of these products did not contain asbestos at all times from 1920 through 1978. No product contained asbestos as part of the product formulation after 1978.

A list of trade names of products manufactured by United States Gypsum Company during the period from 1920 through 1978 that may have contained asbestos includes, but may not be limited to, the following:

A-B Tex Texture Paint	RED TOP Firecode D Plaster
ACOUSTONE 120 Ceiling Tiles	RED TOP Firecode "V" Plaster
ACOUSTONE 180 Ceiling Tiles	RED TOP Gypsum Plaster
AUDICOTE Acoustical Plaster	RED TOP Patching Plaster
Aggregated Spray Finish, White	RED TOP Sanded Wall Plaster
CHINA GLAZE Siding	RED TOP Strucolite Plaster
Column Fire Board	RED TOP Trowel Finish
Concrete Ceiling Texture	RED TOP Wood Fiber Plaster
DURABOND Joint Compound	REGENCY Shingles
Exterior Texture Wallboard Finish	SABINITE Acoustical Plaster
Fire Door Coreboard	SHEETROCK Radiant Heat Filler-Machine Application
Hi-LITE Acoustical Plaster	SHEETROCK Radiant Heat Simulated Acoustical Texture
IMPERIAL "QT" (Spray) Texture Finish	Simulated Acoustical Spray Texture/Finish
KEMIDOL Joint Compound	Special Texture Paint
K-FAC 19 Block Insulation	SPRAYDON Powercote
K-FAC Block Insulation	SPRAYDON Standard A
MAYFAIR Shake Siding	SPRAYDON Standard G
Multi-Purpose Texture Finish	STRUCTOLITE Plaster
ORIENTAL Exterior Finish Stucco	Superhard Spray Texture Finish
ORIENTAL Interior Finish	SUPERTITE Roofing Products
PAC-TEX Texture Paint	TEXOLITE Block Filler
PERF-A-TAPE Joint Compound	TEXOLITE Dry Fill
PYROBAR Mortar Mix	TEXOLITE Drywall Surfacers
USG "QT" Simulated Acoustical Spray Texture	TEXTONE Texture Finish
Ready-Mixed Imperial "QT" Simulated Acoustical	THERMALUX Radiant Heating Panels
Spray Texture	USG Joint Compound
RED TOP Acoustical Plaster	Wainscoat Trowel Finish Plaster
RED TOP BONDCRETE Plaster-Basecoat	
RED TOP Cover Coat Finish Plaster	

United States Gypsum Company also manufactured other products in the following generic categories that may have contained asbestos:

Adhesives	Joint Compound
Asbestos Board	Pipecovering
Asbestos Paper	Roofing Products
Insulating Cement	Siding Shingles

USG Corporation was formed in 1985 and is the parent company of various debtors in this chapter 11 proceeding. USG Corporation has never manufactured or sold any building products. Various subsidiaries of USG Corporation manufactured or sold building products that contained asbestos at various times in the past.

L&W Supply Company, a subsidiary of USG Corporation, is a distributor of building materials manufactured by United States Gypsum Company and other companies. L&W Supply Company was created in 1971 as a subsidiary of United States Gypsum Company and, since 1985, has been a subsidiary of USG Corporation. In the 1970s, some of the products distributed by L&W Supply Corporation, primarily joint compound and roofing materials, contained asbestos. Since its formation in 1971, L&W Supply Company distribution centers have operated under different business names in different locations. A list of these business names is available on the USG claims website at www.usgclaims.com.

Beadex Manufacturing, LLC, a subsidiary of United States Gypsum Company, manufactured and sold joint compound containing asbestos from 1963 through 1978. Distribution of products that contained asbestos is believed to have been limited to Washington, Oregon, Idaho, Alaska, and possibly Colorado.

USG Interiors, Inc., a subsidiary of USG Corporation, was formed in 1986. USG Interiors has manufactured mineral fiber ceiling tiles and suspension systems, mineral fiber insulation, access floors, and wall partition systems. None of the products manufactured or sold by USG Interiors contained asbestos as part of the product formulation.

APPENDIX D STANDARD OCCUPATIONAL CLASSIFICATION CODES¹

Building and Grounds Cleaning and Maintenance Occupations

- 1 Janitors and Cleaners, Except Maids and Housekeeping Cleaners

Office and Administrative Support Occupations

- 2 Office Clerks, General
3 Shipping, Receiving, and Traffic Clerks
4 Stock Clerks and Order Fillers

Construction and Extraction Occupations

- 5 Asbestos Removal Workers²
6 Boilermakers
7 Brickmasons and Blockmasons
8 Carpenters
9 Cement Masons and Concrete Finishers
10 Construction and Building Inspectors
11 Continuous Mining Machine Operators
12 Drywall and Ceiling Tile Installers
13 Drywall Finishers (Tapers)
14 Electricians
15 Elevator Installer & Repairers
16 First-Line Supervisors/Managers of Construction Trades and Extraction Workers
17 Floor Layers, Except Carpet, Wood, and Hard Tiles
18 Floor Sanders and Finishers
19 Glaziers
20 Hazardous Materials Removal Workers
21 Helpers – Brickmasons, Blockmasons, Stonemasons, and Tile and Marble Setters
22 Helpers – Painters, Paperhangers, Plasterers, and Stucco Masons,
23 Helpers – Pipelayers, Plumbers, Pipefitters, and Steamfitters
24 Helpers – Electricians
25 Helpers – Extraction Workers
26 Highway Maintenance Worker
27 Insulation Workers
28 Laborers
29 Mine Cutting and Channeling Machine Operators
30 Miner²
31 Operating Engineers and Other Construction Equipment Operators
32 Painters, Construction and Maintenance
33 Paperhangers
34 Pipelayers
35 Plasterers and Stucco Masons
36 Plumbers, Pipefitters, and Steamfitters
37 Rail-Track Laying and Maintenance Equipment Operators
38 Reinforcing Iron and Rebar Workers
39 Roofers
40 Sandblasters²
41 Service Unit Operators, Oil, Gas, and Mining
42 Sheet Metal Workers
43 Stonemasons
44 Structural Iron and Steel Workers
45 Terazzo Workers and Finishers

Installation, Maintenance, and Repair Occupations

- 46 Automotive Service Technicians and Mechanics
47 Boilerhouse Mechanics²
48 Bus and Truck Mechanics and Diesel Engine Specialists
49 Electrical and Electronics Repairers, Powerhouse, Substation, and Relay
50 Heating, Air Conditioning, and Refrigeration Mechanics and Installers
51 Industrial Machinery Mechanics

- 52 Maintenance and Repair Workers, General
53 Maintenance Workers, Machinery
54 Millwrights
55 Mobile/Heavy Equipment Mechanics, Except Engines
56 Outdoor Power Equipment and Other Small Engine Mechanics
58 Refractory Materials Repairers, Except Brickmasons
59 Riggers
60 Valve Repairers¹

Production Occupations

- 61 Cabinetmakers and Bench Carpenters
62 Chemical Equipment Operators and Tenders
63 Coating, Painting, and Spraying Machine Setters, Operators, and Tenders
64 Cutting, Punching, and Press Machine Setters, Operators, and Tenders, Metal and Plastic
65 Engine and Other Machine Assemblers
66 Foundry Mold and Coremakers
67 Gas Plant Operators
68 Lay-Out workers, Metal and Plastic
69 Machinists
70 Metal-Refining Furnace Operators and Tenders
71 Mixing and Blending Machine Setters, Operators, and Tenders
72 Molders, Shapers, and Casters, Except Metal and Plastic
73 Petroleum Pump System Operators, Refinery Operators, and Gaugers
74 Pourers and Casters, Metal
75 Power Plant Operators
76 Sawing Machine Setters, Operators, and Tenders, Wood
77 Stationary Engineers and Boiler Operators
78 Structural Metal Fabricators and Fitters
79 Textile Cutting Machine Setters, Operators, and Tenders
80 Textile Knitting and Weaving Machine Setters, Operators, and Tenders
81 Textile Winding, Twisting, and Drawing Out Machine Setters, Operators, and Tenders
82 Tool and Die Makers
83 Welders, Cutters, Solderers, and Brazers
84 Welders, Production Line²
85 Welding, Soldering, and Brazing Machine Setters, Operators and Tenders

Transportation and Material Moving Occupations

- 86 Cleaners of Vehicles and Equipment
87 Crane and Tower Operators
88 Industrial Truck and Tractor Operators
89 Laborers and Freight, Stock, and Material Movers, Hand
90 Loading Machine Operators, Underground Mining
91 Locomotive Engineers
92 Locomotive Firers
93 Pump Operators, Except Wellhead Pumps
94 Rail Yard Engineers, Dinkey Operators, and Hostlers
95 Railroad Conductors and Yardmasters
96 Railroad Car Inspectors²
97 Sailors and Marine Oilers
98 Ship Engineers
99 Shuttle Car Operators
100 Tank Car, Truck, and Ship Loaders
101 Transportation Inspectors
102 Truck Drivers, Heavy and Tractor Trailer
103 Truck Drivers, Light, or Delivery Service

104. Other (please specify)

¹ Codes are based on U.S. Department of Labor, Bureau of Labor Statistics, List of Standard Occupation Classifications, found at http://stats.bls.gov/oes/1999/oes_slu.htm unless otherwise indicated

² Codes are based on U.S. Department of Labor, Dictionary of Occupational Titles, Fourth Edition, Revised 1991 found at <http://www.oalj.dol.gov/libdot.htm>

APPENDIX E **STANDARD INDUSTRY CLASSIFICATION CODES³**

- A Agriculture, Forestry & Fishing
- B 1 Mining & Milling (asbestos)
- B 2 Mining & Milling (non-asbestos)
- C Construction
- D 1 Manufacturing – Asbestos Containing Products
- D 2 Manufacturing – Boilers
- D 3 Manufacturing – Chemicals
- D 4 Manufacturing – Insulation (asbestos containing)
- D 5 Manufacturing – Insulation (non-asbestos containing)
- D 6 Manufacturing – Petroleum Refining and Related Industries
- D 7 Manufacturing – Plastic Products
- D 8 Manufacturing – Rubber
- D 9 Manufacturing – Textiles (asbestos containing)
- D 10 Manufacturing – Textiles (non-asbestos containing)
- D 11 Manufacturing – Transportation Equipment (other than shipbuilding or shipbreaking)
- D 12 Manufacturing – Transportation Equipment (shipbuilding or shipbreaking)
- D 13 Manufacturing – Other (please specify product)
- E 1 Transportation – Electric, Gas, and Sanitary Services
- E 2 Transportation – Railroad
- E 3 Transportation – Water
- E 4 Transportation – Other (please specify)
- F Wholesale Trade
- G Retail Trade
- H Finance, Insurance, and Real Estate
- I 1 Services – Automotive Repair
- I 2 Services – Miscellaneous Repair
- I 3 Services – Other (please specify)
- J Public Administration
- K Military (Non-Navy)
- L Navy
- M Other (please specify)

³ Codes are based on OSHA, U.S. Department of Labor, Standard Industry Classifications, Division Structure, at <http://www.osha.gov/oshstats/sicser.html>